

United States Bankruptcy Court
Southern District of Mississippi

In re **DANIEL P HOLMES**

Debtor

Case No. **04-05818 JEE**Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,000.00		
B - Personal Property	Yes	3	18,007.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		17,000.00	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		17,595.76	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,249.23
J - Current Expenditures of Individual Debtor(s)	Yes	1			3,341.67
Total Number of Sheets of ALL Schedules		14			
Total Assets			19,007.50		
Total Liabilities				34,595.76	

Form B6F
(12/03)In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor

AMENDED SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxx3561						
**Healthcare Billing P.O. Box 1081 Monroe, LA 71210-1081		-				2,350.40
Account No.						
**MedLife EMS 1917 E. Madison Ave. Bastrop, LA 71220-4069		-				565.00
Account No. xx0345						
**Radiology Associates 1601 Lamy Lane Monroe, LA 71201-3735		-				266.00
Account No. xxxx9846						
**St. Francis Emergency Group 900 Oakmont Lane, Suite 200 Westmont, IL 60559		-				272.00
Subtotal (Total of this page)						3,453.40

2 continuation sheets attached

Form B6F - Cont.
(12/03)In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor

AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
AMERICAN EXPRESS % NCO GROUP PO BOX 41747 PHILADELPHIA, PA 19101	-					743.87
Account No.						
CINGULAR WIRELESS % NCO FINANCIAL SYTEMS PO BOX 41457 PHILADELPHIA, PA 19101-1457	-					1,109.03
Account No. 7001191100465799						
HOUSEHOLD BANK/BEST BUY PO BOX 81622 SALINAS, CA 93912-1622	-					714.09
Account No.						
MAGAZINE FULFILLMENT CTR PO BOX 434 BRIDGEVILLE, PA 15017	-					87.36
Account No.						
MERCHANTS & FARMERS BANK % HENLEY LOTTERHOS HENLEY PO BOX 389 JACKSON, MS 39205	-	DEFICIENCY ON BOAT				5,613.34
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						8,267.69

Form B6F - Cont.
(12/03)In re **DANIEL P HOLMES**Case No. **04-05818 JEE**

Debtor

AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
PACIFIC PHYSICIANS SVC	-						250.00
Account No.							
PARVEEN ATHAR MD 730 RIDGEWOOD RD STE B RIDGELAND, MS 39157	-						200.00
Account No. 15624813							
PROVIDIAN % ARROW FINANCIAL 5996 W TOUHY AVE NILES, IL 60714	-						4,820.28
Account No.							
RUTH FREDRICKS MD 1020 RIVER OAKS DR FLOWOOD, MS 39208	-						190.00
Account No.							
SOUTHERN DIAGNOSTIC IMAGING 1037 N FLOWOOD DR FLOWOOD, MS 39232	-						414.39
Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							5,874.67
Total (Report on Summary of Schedules)							17,595.76

Form B61
(12/03)In re **DANIEL P HOLMES**

Debtor(s)

Case No. **04-05818 JEE****SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP None.	AGE
EMPLOYMENT		
DEBTOR		SPOUSE
Occupation		
Name of Employer **Raytheon Company		
How long employed		
Address of Employer P.O. Box 7000 Greenville, TX 75403-7000		

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

DEBTOR	SPOUSE
\$ <u>3,149.25</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>3,149.25</u>	\$ <u>0.00</u>

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify)

\$ <u>599.73</u>	\$ <u>0.00</u>
\$ <u>167.29</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>767.02</u>	\$ <u>0.00</u>
\$ <u>2,382.23</u>	\$ <u>0.00</u>

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance

(Specify)

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

Pension or retirement income

Other monthly income

(Specify)

Spouse's income

\$ <u>0.00</u>	\$ <u>867.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

TOTAL MONTHLY INCOME

\$ <u>2,382.23</u>	\$ <u>867.00</u>
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TOTAL COMBINED MONTHLY INCOME

\$ 3,249.23

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

A.	Total projected monthly income		\$	N/A
B.	Total projected monthly expenses		\$	N/A
C.	Excess income (A minus B)		\$	N/A
D.	Total amount to be paid into plan each	<hr/>	\$	N/A
	(interval)			

**United States Bankruptcy Court
Southern District of Mississippi**

In re **DANIEL P HOLMES**

Debtor(s)

Case No. **04-05818 JEE**

Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 15 sheets *[total shown on summary page plus 1]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 27, 2006**

Signature /s/ DANIEL P HOLMES

DANIEL P HOLMES

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Official Form 8
(12/03)

**United States Bankruptcy Court
Southern District of Mississippi**

In re **DANIEL P HOLMES**

Debtor(s)

Case No. **04-05818 JEE**

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION - AMENDED

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. Property to Be Surrendered.

1. **Description of Property**
2001 FORD F-150

Creditor's name
MERCHANTS & FARMERS BANK

b. Property to Be Retained

[Check any applicable statement.]

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
-NONE-				

Date **June 27, 2006**

Signature **/s/ DANIEL P HOLMES**

DANIEL P HOLMES

Debtor

**United States Bankruptcy Court
Southern District of Mississippi**

In re **DANIEL P HOLMES**

Debtor(s)

Case No. **04-05818 JEE**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **June 27, 2006**

/s/ DANIEL P HOLMES

DANIEL P HOLMES

Signature of Debtor

HOLMES, DANIEL - 04-05818 JEE

DANIEL P HOLMES
PO BOX 7102
MCCOMB MS 39649

MAGAZINE FULFILLMENT CTR
PO BOX 434
BRIDGEVILLE PA 15017

BARNEY E. EATON
HOLADAY, YODER, MOOREHEAD & EATON
P.O. BOX 23759
JACKSON, MS 39225-3759

MERCHANTS & FARMERS BANK
P.O. BOX 1520
KOSCIUSKO MS 39090

**HEALTHCARE BILLING
P.O. BOX 1081
MONROE LA 71210-1081

MERCHANTS & FARMERS BANK
% HENLEY LOTTERHOS HENLEY
PO BOX 389
JACKSON MS 39205

**MEDLIFE EMS
1917 E. MADISON AVE.
BASTROP LA 71220-4069

PACIFIC PHYSICIANS SVC

**RADIOLOGY ASSOCIATES
1601 LAMY LANE
MONROE LA 71201-3735

PARVEEN ATHAR MD
730 RIDGEWOOD RD STE B
RIDGELAND MS 39157

**ST. FRANCIS EMERGENCY GROUP
900 OAKMONT LANE, SUITE 200
WESTMONT IL 60559

PROVIDIAN % ARROW FINANCIAL
5996 W TOUHY AVE
NILES IL 60714

AMERICAN EXPRESS
% NCO GROUP
PO BOX 41747
PHILADELPHIA PA 19101

RUTH FREDRICKS MD
1020 RIVER OAKS DR
FLOWOOD MS 39208

CINGULAR WIRELESS
% NCO FINANCIAL SYTEMS
PO BOX 41457
PHILADELPHIA PA 19101-1457

SOUTHERN DIAGNOSTIC IMAGING
1037 N FLOWOOD DR
FLOWOOD MS 39232

HOUSEHOLD BANK/BEST BUY
PO BOX 81622
SALINAS CA 93912-1622